



JUVENILE REHABILITATION ADMINISTRATION (JRA)
JRA COMMUNITY FACILITY VIOLATION/INCIDENT REPORT

FACILITY INFORMATION			
FACILITY		NAME AND POSITION OF STAFF COMPLETING REPORT	
INCIDENT INFORMATION			
DATE OF INCIDENT	TIME OF INCIDENT	LOCATION OF INCIDENT	
OTHER STAFF INVOLVED			
RESIDENTS INVOLVED			
LAST NAME	FIRST NAME	JRA NUMBER	DATE OF BIRTH <input type="checkbox"/> Male <input type="checkbox"/> Female
VIOLATION TYPE			
SERIOUS VIOLATIONS		OTHER VIOLATIONS	
<u>CONTACT REGIONAL ADMINISTRATOR OR DESIGNEE IMMEDIATELY AND FORWARD REPORT TO JRA WITHIN 24 HOURS</u>		FORWARD REPORT TO JRA WITHIN 24 HOURS	
<input type="checkbox"/> A. Escape <input type="checkbox"/> A1. Attempted escape <input type="checkbox"/> B. Violence toward others with intent to harm or resulting in significant bodily injury <input type="checkbox"/> C. Involvement in or conviction of a criminal offense under investigation by law enforcement or awaiting adjudication for behavior that occurred during current placement <input type="checkbox"/> D. Extortion or blackmail that threatens the safety or security of the facility or community <input type="checkbox"/> E. Setting or causing an unauthorized fire with intent to harm self or others or property, or with reckless disregard for the safety of others <input type="checkbox"/> F. Possession or manufacture of weapons or explosives, or tools intended to assist in escape <input type="checkbox"/> G. Interfering with staff in performing duties relating to the security and/or safety of the facility or community <input type="checkbox"/> H. Intentional property damage in excess of \$1,500.00 <input type="checkbox"/> I. Possession, use, or distribution of drugs or alcohol, including use of inhalants <input type="checkbox"/> J. Rioting or inciting others to riot <input type="checkbox"/> K. Refusal of urinalysis or search <input type="checkbox"/> L. Other behaviors which threaten the safety or security of the facility, its staff, residents, or the community		<input type="checkbox"/> a. Unaccounted for time away from the community facility <input type="checkbox"/> b. Violations of conditions of authorized leave <input type="checkbox"/> c. Intimidation or coercion against any person <input type="checkbox"/> d. Misuse of medication such as hoarding medication or taking another person's medication <input type="checkbox"/> e. Self mutilation, tattooing, body piercing or assisting others to do the same <input type="checkbox"/> f. Intentional destruction of property valued at less than \$1,500.00 <input type="checkbox"/> g. Fighting <input type="checkbox"/> h. Unauthorized withdrawal of funds with intent to commit other violations <input type="checkbox"/> i. Suspensions or expulsions from school or work <input type="checkbox"/> j. Violation of school, employment, or volunteer work agreements related to custody and security concerns <input type="checkbox"/> k. Escape talk <input type="checkbox"/> l. Sexual contact or any other behavior, not defined as a serious violation, resulting in a referral to the department of licensing, child protective services, or law enforcement <input type="checkbox"/> m. Lewd or disruptive behavior in the community <input type="checkbox"/> Other non-violation incident	
NOTIFICATIONS			
VERBAL TO (JRA STAFF/ADMINISTRATOR)	DATE	TIME	
FAXED TO (LOCATION/FAX NUMBER)	DATE	TIME	
LAW ENFORCEMENT (DEPARTMENT OR JURISDICTION)	DATE	TIME	CASE NUMBER
WARRANT NUMBER	ISSUE DATE	ISSUE TIME	

JRA COMMUNITY FACILITY VIOLATION/INCIDENT REPORT**CIRCUMSTANCES LEADING TO THE INCIDENT****DESCRIPTION OF INCIDENT****STAFF RESPONSE****RESIDENT RESPONSE****SANCTION IMPOSED OR RECOMMENDED**

- | | | |
|---|--|---|
| <input type="checkbox"/> Return to an institution | <input type="checkbox"/> Change of release date | <input type="checkbox"/> Loss of program level |
| <input type="checkbox"/> Increase security classification | <input type="checkbox"/> Restitution | <input type="checkbox"/> Community service |
| <input type="checkbox"/> Loss of privileges (up to 30 days) | <input type="checkbox"/> Room confinement (up to 72 hours) | <input type="checkbox"/> Transfer to an intensive management unit |
| <input type="checkbox"/> Reprimand and/or loss of points | <input type="checkbox"/> Referral for prosecution | <input type="checkbox"/> Other: |

EXPLANATION:**FACILITY STAFF SIGNATURES**

REPORTING STAFF'S SIGNATURE

DATE

COMMUNITY FACILITY REVIEW

COMMUNITY FACILITY ADMINISTRATOR OR DESIGNEE COMMENTS

COMMUNITY FACILITY ADMINISTRATOR'S OR DESIGNEE'S SIGNATURE

DATE OF REVIEW